## 2004 VIRGINIA COASTAL RESOURCES MANAGEMENT PROGRAM GRANT

Project Title:

I. LEGAL APPLICANT	
Name:	
Organization:	
Street Address:	
City, State, Zip:	
Project Manager:	Title:
Phone:	
Fax:	
E-mail:	
II. PROJECT DETAILS	
Geographic Area of Impact:	
Congressional District(s):	
Classification: (see proposal guidance)	
Start Date: MM/DD/YYYY	End Date: MM/DD/YYYY
Project continuing from previous year	ar? (yes or no)
III. PROJECT SUMMARY (2000 Characte	r Limit)
IV. BUDGET	
(This table does <u>not</u> automatically calculate totals, lethe Coastal Program)	be sure to double check all figures before submitting to

	Federal	Match	Total	<b>Budget Narrative</b>
Personnel				
Fringe				
<b>Equipment</b>				
<u>Travel</u>				
<u>Supplies</u>				
			T	
<u>Contractual</u>				
Construction				

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<u>Other</u>	
TOTAL DIRECT	
<u>Indirect</u>	
<u>TOTAL</u>	

	Personnel Worksheet					
Pe	ersonnel	Months	Rate	Federal	Match	Total
1	TOTAL					

## V. DELIVERABLES/PRODUCTS

Title: Description:	
Timeframe:	Start: End:
Product #2  Title:  Description:	

Timeframe: Start: End:

Product #3
Title:

Product #1

Description:

Time frame:Start:

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Product #4

Title:

Description:

Timeframe: Start:

End:

Product #5

Title:

Description:

Timeframe: Start:

End:

VI. EXTENDED PROJECT DESCRIPTION – Optional

(2000 character limit)